



Regulatory Accounting, Separations and Tariffs Division  
P. O. Box 360998 San Juan, PR 00936-0998

July 1, 2016

Marlene H. Dortch  
Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street, SW  
Washington, D.C. 20554

Received & Inspected

JUN 30 2016

FCC Mail Room

DOCKET FILE COPY ORIGINAL

RE: WC Docket No. 10-90

Compliance with FCC Rate Floor Data and Certification 2016

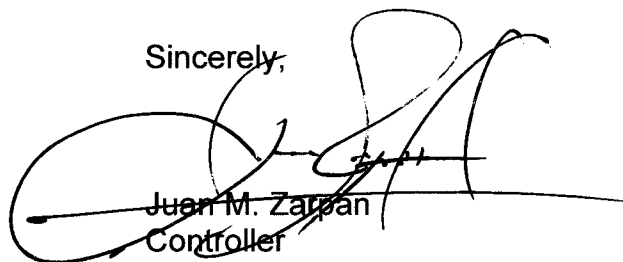
Dear Ms. Dortch:

Attached, please find for Puerto Rico Telephone Company, Inc.'s Rate Floor Data and Certification.

Copies will also be provided to USAC and the Telecommunication Regulatory Board of Puerto Rico.

Please call me at 787-792-6052, if there are any questions.

Sincerely,



Juan M. Zarpan  
Controller

*2/1/17*

No. of Copies rec'd 0  
List ABCDE

# Rate Floor Data

## RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

### Block 1 - Contact Information

| ROW # | DATA ELEMENT                                    | FORMAT OF REQUESTED DATA | RESPONSE                      |
|-------|---|--------------------------|-------------------------------|
| 1     | Carrier Study Area Code                         | 6 numeric digits         | 633200                        |
| 2     | Carrier Study Area Name                         | alpha characters         | Puerto Rico Telephone Company |
| 3     | Service Provider Identification Number          | 9 numeric digits         | 143002711                     |
| 4     | Residential Local Service Charge Effective Date | mm/dd/yyyy               | 6/1/2016                      |
| 5     | Contact Name                                    | alpha characters         | Inabel Gonzalez <i>IG</i>     |
| 6     | Contact Telephone Number (include area code)    | 9 numeric digits         | 787-706-6580                  |
| 7     | Sheet number                                    | numeric digit(s)         | 1                             |
| 8     | Total Number of Sheets                          | numeric digit(s)         | 1                             |

### Block 2 - Residential Local Service Rates, Fees, and Line Counts

|    | Column 1<br>Residential Local<br>Service Charge | Column 2<br>State Subscriber<br>Line Charge | Column 3<br>State Universal<br>Service Fee | Column 4<br>Mandatory<br>Extended Area<br>Service Charge | Column 5<br>Loops |
|----|---|---|--|--|-------------------|
| 9  | \$23.05   | 0   | \$ 0.12                                    | 0  | 8                 |
| 10 | \$21.05   | 0   | \$ 0.11                                    | 0  | 2,281             |
| 11 | \$19.35   | 0   | \$ 0.10                                    | 0  | 0                 |
| 12 | \$17.35   | 0   | \$ 0.09                                    | 0  | 0                 |
| 13 |   |   |  |  |                   |
| 14 |   |   |  |  |                   |
| 15 |   |   |  |  |                   |
| 16 |   |   |  |  |                   |
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| 33 |   |   |  |  |                   |
| 34 |   |   |  |  |                   |

Rate Floor

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

**Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Puerto Rico Telephone Company

Signature of authorized officer

Date

Printed name of authorized officer Juan M. Zarpán

Title or position of authorized officer Controller

Telephone number of authorized officer: ( 787 ) 706 -6584, ext.

Study Area Code of Reporting Carrier

633201

Filing Due Date for this form  
(mm/dd/yyyy)

7/1/2016

*[Handwritten initials]*

# Rate Floor Data

## RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

### Block 1 - Contact Information

| ROW # | DATA ELEMENT                                    | FORMAT OF REQUESTED DATA | RESPONSE                      |
|-------|---|--------------------------|-------------------------------|
| 1     | Carrier Study Area Code                         | 6 numeric digits         | 633201                        |
| 2     | Carrier Study Area Name                         | alpha characters         | Puerto Rico Telephone Company |
| 3     | Service Provider Identification Number          | 9 numeric digits         | 143012431                     |
| 4     | Residential Local Service Charge Effective Date | mm/dd/yyyy               | 6/1/2016                      |
| 5     | Contact Name                                    | alpha characters         | Inabel Gonzalez <i>IGR</i>    |
| 6     | Contact Telephone Number (include area code)    | 9 numeric digits         | 787-706-6580                  |
| 7     | Sheet number                                    | numeric digit(s)         | 1                             |
| 8     | Total Number of Sheets                          | numeric digit(s)         | 1                             |

### Block 2 - Residential Local Service Rates, Fees, and Line Counts

|    | Column 1<br>Residential Local<br>Service Charge | Column 2<br>State Subscriber<br>Line Charge | Column 3<br>State Universal<br>Service Fee | Column 4<br>Mandatory<br>Extended Area<br>Service Charge | Column 5<br>Loops |
|----|---|---|--|--|-------------------|
| 9  | \$23.05   | 0   | \$ 0.12                                    | 0  | 129               |
| 10 | \$21.05   | 0   | \$ 0.11                                    | 0  | 10,265            |
| 11 | \$19.35   | 0   | \$ 0.10                                    | 0  | 5                 |
| 12 | \$17.35   | 0   | \$ 0.09                                    | 0  | 584               |
| 13 |   |   |  |  |                   |
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| 33 |   |   |  |  |                   |
| 34 |   |   |  |  |                   |

Rate Floor

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Date

Printed name of authorized officer Juan M. Zarpán

Title or position of authorized officer Controller

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Study Area Code of Reporting Carrier

633201

Filing Due Date for this form  
(mm/dd/yyyy)

7/1/2016

*JMZ*